

Foster Family Home - Deficiency Report

Provider ID: 1-512724

Home Name: Editha de la Cruz, CNA

Review ID: 1-512724-19

94-270 Puamano Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/9/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/9/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1)
Second Fingerprint check is overdue for CG#3 and #4.

8(a)(2) APS/CAN checks were lapsed for CG#2.
APS/CAN was due on or before 11/5/2024 and was completed on 5/23/2025.

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 10/25/2024 and was completed on 3/28/2025.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#4.
CG#2 and CG#4 TB clearance are invalid, both do not have past positive.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#4 did not conduct a fire drill in the past 12 months. CCFFH did not conduct a fire drill for September 2025.

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(8) Personal inventory.


Comment:

54(c)(2) No current signature of POA/OPG/client for service plan present for Client#1.

54(c)(8) Client#1 and #2 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager



Primary Care Giver



Date



Date